



STATE OF DELAWARE
DEPARTMENT OF LABOR
DIVISION OF INDUSTRIAL AFFAIRS
Office of Construction Enforcement Industry
655 South Bay Road
Suite 2H
Dover, DE 19901

Telephone (302)761-8200

APPLICATION FOR CERTIFICATE OF REGISTRATION
19 Del.C. Chapter 36

All applications must be accompanied by a check or money order made payable to:

“Delaware Department of Labor, Contractor Registration”

Mail to: Department of Labor, Office of Contractor Registration, 655 S. Bay Road, suite 2H, Dover, DE
19901

WE DO NOT ACCEPT CASH

New Application/ 1-year Renewal:

- ☐ \$200.00 Private*
- ☐ \$300.00 Public*
- ☐ \$500.00 Both*

Two-Year Renewal **

- ☐ \$300.00 Private*
- ☐ \$500.00 Public*
- ☐ \$800.00 Both*

*All Fees are Non-Refundable

** Only available to businesses that have completed two consecutive years with no violations

List your FEIN, SSN or ITIN Number:

Enter Valid Delaware Business License number: _____

Trade Name/ DBA _____

Company Name _____

Principal Business Address _____

Telephone number(s) _____

Fax _____

E-mail Address _____

Custodian of Records Address:

(Custodian of Records is the person(s) responsible keeping records in the ordinary course of business and accepts legal documents)

Address Line 1 _____

City _____

ZIP Code _____

State _____



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If principal business address is NOT with State of Delaware list your Registered Delaware Agent.

Name _____
Address Line 1 _____
Address Line 2 _____
City _____
ZIP Code _____
State _____
Phone _____

Is your business a publicly traded entity?

Yes ☐ No ☐

Enter the names of ALL corporate officers: (Please Print)

Select the type of business that you are registering:

- ☐ Sole Proprietorship or Individual
☐ Partnership (including General, Limited, or Limited Liability Partnership)
☐ Corporation, including Professional Association
☐ Sub-Chapter S Corporation, including QSSS
☐ Non-profit entity or Governmental Agency
☐ Fiduciary, including Estate or Trust
☐ Limited Liability Company
☐ Other Please specify: _____

Does your business have employees?

Yes ☐ No ☐

How many employees does your business employ?

- ☐ 1-10
☐ 11-19
☐ 20 or more

Enter your Delaware State Unemployment Insurance Account Number (SUI):



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Do you have Workers Compensation Coverage in the State of Delaware?

Yes ☐ No ☐

If yes, what is the date of expiration of the Workers Compensation Coverage?

Date:

Policy Number:

A copy of your policy must be submitted with this application or submitted via email at:

Contractor.Registry@delaware.gov

Will you have one or more employees primarily engaged in this business in the State of Delaware for more than five consecutive work days at a single time, or working for a business of any sort in which one or more employees are primarily engaged in the business of the employer for more than an aggregate of three weeks in any six month period? A week shall consist of 5 consecutive workdays.

Yes ☐ No ☐

If there is a change in policies at any time during the registration term, the new policy must be provided to the Office of Contractor Registration immediately. For guidance, please email:

Contractor.Registry@delaware.gov or call 302-430-7739.

Within the last 6 years, has the entity or any person holding a financial interest in the entity ever received notifications from the Department of Labor that it has incurred any violations of the following Delaware Department of Labor Laws? (Please check all that apply)

Yes ☐ No ☐

- ☐ Prevailing Wage Law
- ☐ Workplace Fraud Act
- ☐ Wage Payment and Collection Act
- ☐ Minimum Wage Law
- ☐ Workers Compensation Law
- ☐ Unemployment Law
- ☐ Child Labor Law
- ☐ Discrimination Act
- ☐ Contractor Registration Act



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If yes, please list the outcome and date of each offense in the space below. You may provide additional explanation or documentation if needed.

Is the business currently under investigation or involved in litigation due to the violation of any Delaware labor laws?

Yes ☐ No ☐

** TIP You can learn about Delaware Labor Laws at the Office of Labor Law Enforcement website.

<https://labor.delaware.gov/divisions/industrial-affairs/labor-law/>

Has the contractor or any person(s) holding a financial interest in the contractor's business been convicted of home improvement fraud under Delaware law Title 11§ 916 or new home construction fraud under Delaware law Title 11§917?

Yes ☐ No ☐

Has the contractor or any person(s) holding a financial interest in the contractor's business been found to have engaged in an unlawful practice under §2513 of Title 6?

Yes ☐ No ☐



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Do you have an Occupational Safety and Health Administration (OSHA) Company Safety Plan?

Yes ☐ No ☐

If you have one or more employees, an Occupational Safety and Health Administration (OSHA) Safety Plan is required by the Delaware Department of Labor. Please contact the OSHA office for assistance with creating the required Safety Plan at Number (302) 451-3421

The NAICS codes selected below and your business name will determine what title your business will be searchable by the public on the public registry portal.

If you need help determining your entity's code, please visit the [NAICS website](#).

NAIC	TITLE	NAIC	TITLE
<input type="radio"/> 213111	Drilling Oil & Gas Wells	<input type="radio"/> 213112	Support Activities for Oil & Gas Operations
<input type="radio"/> 236220	Commercial & Institutional Building Construction	<input type="radio"/> 237110	Water & Sewer Line & Related Structures Construction
<input type="radio"/> 237120	Oil & gas Pipeline & Related Structures Construction	<input type="radio"/> 237310	Highway, Street, & Bridge Construction
<input type="radio"/> 237990	Other Heavy & Civil Engineering Construction	<input type="radio"/> 238110	Poured Concrete Foundation & Structure Contractors
<input type="radio"/> 238130	Framing Contractors	<input type="radio"/> 238140	Masonry Contractors
<input type="radio"/> 238160	Roofing Contractors	<input type="radio"/> 238190	Other Foundation, Structure, & Building Exterior Contractors
<input type="radio"/> 238210	Electrical Contractors & Other Wiring Installation Contractors	<input type="radio"/> 238220	Plumbing, heating, & air-conditioning Contractors
<input type="radio"/> 238290	Other Building Equipment Contractors	<input type="radio"/> 238310	Drywall & Insulations Contractors
<input type="radio"/> 238320	Painting & Wall Covering Contractors	<input type="radio"/> 238330	Flooring Contractors
<input type="radio"/> 238350	Finish Carpentry Contractors	<input type="radio"/> 238910	Site Preparation Contractors
<input type="radio"/> 238990	All Other Specialty Trade Contractors	<input type="radio"/> 484110	General Freight Trucking, local
<input type="radio"/> 541320	Landscape Architectural Services	<input type="radio"/> 561990	All Other Support Services
<input type="radio"/> 562211	Hazardous Waste Treatment & Disposal	<input type="radio"/> 562910	Remediation Services
<input type="radio"/> OTHER			



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By signing this document, I hereby swear or affirm that the information contained in this document is true to the best of my knowledge and recollection. I understand that any false statement or omission which this document contains may subject me to criminal or civil penalties, including liability under the Delaware False Claims and Reporting Act; it may also result in the denial, suspension or revocation of my organization's request for registration. Should this document contain any false statement or omission of which I subsequently become aware, I swear or affirm that I will immediately notify the Delaware Department of Labor of this false statement or omission.

By signing this document, I authorize the Department of Labor to contact other state agencies to confirm that the information this application contains is true and accurate. I am aware that the Department of Labor may take action based upon information supplied to it by other state agencies contradicting the statements this document contains; and that this may result in adverse action against me, including (but not limited to) criminal or civil penalties, liability under the Delaware False Claims and Reporting Act, and denial, suspension or revocation of my organization's request for registration

I have read and agree to the Terms and Conditions above:

Yes ☐ No ☐

Owner / Officer Signature

For Internal Use Only

Check No.: _____

Amount: _____

Reviewer: _____

Date check sent to Fiscal: _____